



For-Hire “Individual Driver” Checklist

This checklist has been provided to assist you in the processing of your for-hire application with James City County.

Please ensure that all of the items below accompany this application:

_____ ***Application form*** completed:

- a) Must be signed by agent of Cab Company
- b) Must be notarized
- c) Must be true and accurate

_____ ***Medical form*** completed and signed by doctor

* NOTE: If a previous medical form was submitted, and is dated not more than two years old, a new form does not need to be submitted.

_____ Two passport size ***photographs*** of yourself

_____ Your DMV (***driving record***) transcript (within 14 days old)

*** ***NEW APPLICATIONS ONLY:***

_____ ***Fingerprints*** (can be obtained at James City County Police Department, Monday and Friday only 9 a.m.-12 p.m., Wednesday 1-4 p.m. / \$10 fee)

_____ Copy of ***driver’s license***

Once application is submitted, reviewed and approved there will be a \$10 ***APPLICATION FEE***. Fee can be paid by cash, check or credit card (make check payable to “Treasurer of James City County”).

☐ NEW APPLICATION
☐ RENEWAL

Permit No: _____

COUNTY OF JAMES CITY, VIRGINIA**FOR-HIRE PERMIT APPLICATION**

Place photo here

The undersigned individual and applicant hereby furnishes the following information under oath and applies to the County Administrator of the County of James City, Virginia for a For-Hire Permit:

Full Name of Applicant

Social Security No.

Present Address

Home Telephone No.

Other Number: ☐ Cell ☐ Work

Date of Birth

Place of Birth

Sex

Height

Weight

Eye Color

Hair Color

Name of Employer (Taxi Company) _____

Address of Employer (Taxi Company) _____

I respectfully request that the above applicant be granted his/her For-Hire Permit in order that he/she may be in my employ.

Signature of Employer (Taxi Company) _____

Date _____

Previous **Addresses** for Past Five Years:

From: _____ To: _____

Address: _____

From: _____ To: _____

Address: _____

From: _____ To: _____

Address: _____

Previous **Employment** for Past Five Years:

From: _____ To: _____

Place of Employment _____ Address _____

From: _____ To: _____

Place of Employment _____ Address _____

From: _____ To: _____

Place of Employment _____ Address _____

From: _____ To: _____

Place of Employment _____ Address _____

List any impairment, mental or physical, which might interfere with your ability to operate a For-Hire vehicle, specifying the degree of such impairment:

Indicate if, within the period of the last two years, you have been addicted to intoxicating liquors, drugs or other forms of narcotics and if so, specify the addiction, the nature of your treatment and the address of the facility where treatment was received:

List all convictions, guilty pleas or pleas of Nolle Prosequi to the violation of any city, state, federal or other criminal law and specify the nature of the offense, the date of offense and the address of the court where the proceeding occurred:

List all traffic offenses of which you have been charged, specifying the nature of the offense, the date of the offense, the address of the court where the proceeding occurred and the disposition of the charged offense:

Have you been employed or licensed as a driver or chauffeur? Yes _____ No _____

If Yes, specify the date, employer and circumstances of any revocation or suspension of that employment or license:

List all experience or training you have in the operation of cars:

All of the above statements are true to the best of my knowledge, information and belief. I, as applicant, have attached two photographs, a medical form and a DMV driving record to be filed with this application. I, as applicant, consent to be fingerprinted and have a record check made by the James City County Police Department.

Signature of Applicant

Date

STATE OF VIRGINIA
COUNTY OF JAMES CITY, TO WIT:

I, the undersigned Notary Public, in and for the County of James City, in the State of Virginia, do hereby certify that _____, whose name is signed to the foregoing application, bearing date on the _____ day of _____, 20 ____, personally appeared before me, and made oath that the information furnished therein is true and correct.

My commission expires _____.

Given under my hand this _____ day of _____, 20 ____.

Notary Public

ADMINISTRATIVE PURPOSES ONLY

Application Fee paid:	_____	_____
	Received by	Date
Fingerprints Taken:	_____	_____
	Verified by	Date
Criminal History Reviewed:	_____	
	Date	
Driving Record Reviewed:	_____	
	Date	
Medical Report Date:	_____	
Application:	Approved _____ Denied _____	_____
		Date
For Hire Permit Number:	_____	

JAMES CITY COUNTY POLICE DEPARTMENT

MEDICAL REPORT TO ACCOMPANY FOR-HIRE PERMIT APPLICATION

Full Name			Social Security No.		
Present Address					
Telephone No.			Date of Birth		
Sex	Race	Height	Weight	Eye Color	Hair Color

TO DOCTOR PERFORMING EXAMINATION:

The above person is applying for a For-Hire vehicle operators permit (Taxi permit). This job requires the individual to perform strenuous tasks at times, such as helping invalid persons, carrying bags or groceries, suitcases and other luggage. The individual has to be an exceptional driver, as their work requires driving in heavy traffic, hazardous weather and road conditions at all hours of the day and night.

You are requested to provide the following data by examination:

1. Past History:

- a) Present medication if any (dosage) that could impair operation of a motor vehicle:

- b) Possible side effects of present medication, if applicable:

- c) Has the applicant, within the past two years, been addicted to drugs or alcohol?

2. Hearing and Vision Test:

- a) Hearing: _____

- b) Vision: Right Eye _____ Glasses/Lenses _____ Left Eye _____

3. Blood Pressure: _____ 4. Heart: _____

5. Extremities: _____

6. Comments:

I certify that I have examined _____ for all of the above conditions and find no physical conditions that would interfere with his/her ability to operate a For-Hire vehicle.

Doctor's Signature: _____

Date: _____